ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 02 Issue 08 *May 2002*

Message from the Chief

This past month has been extremely busy, a month in which I have had the opportunity to attend a variety of professional nursing forums. I have been fortunate enough to travel around and speak with many groups such as the National Student Nurses Association, the Senior Nurse Executive Skills Course, the Anesthesia Short Course, the Head Nurse Leader Development Course and the annual Association of Operating Room Nurses Convention. I found all of the course participants enthusiastic and focused on the key issues related to their specialty or level of leadership. I would like to highlight some of the issues that emerged from my interface with each of these groups.

The common themes from each of these groups included recruiting and retention, the ANC Exit Survey, the national nursing shortage, Title 38 and Direct Hire Authority, accession bonuses, the critical skills retention bonus, AOC shortages, the ASI to AOC conversion, the Acute Care Nurse Practitioner PAT, Advanced Practice Nurse licensure, Command Grade Allocations and promotion opportunities. A number of key leaders within the Army Nurse Corps have been working diligently over the past months to implement innovative initiatives that will address a number of the issues identified above and assist all of us, military and civilian alike, in improving upon the way we do business within the Army Nurse Corps. I want to ensure you all, that with each item of concern, we will continue to research, develop and implement appropriate solutions to enhance your ability to do your jobs and achieve both your personal and professional goals.

I would like to note one additional item regarding my recent travels. At the Anesthesia Short Course, I had the opportunity to personally recognize MAJ Scott Nash for his willingness to move on short notice to "stand up" the new Phase II Nurse Anesthesia Course site at Ft. Bragg. His commitment to our graduate anesthesia program and his flexibility to move (even though his personal choice was to stay at his current location) is a tribute to his professional dedication to improve upon our ability to train world class CRNAs. It is this kind of selfless service that enables the Army Nurse Corps to achieve our educational requirements and subsequently accomplish the mission of providing quality nursing care, wherever and whenever we are needed. Thanks again Scott!

Army Nurses are Ready, Caring, and Proud!

William T. Bester
BG, AN
Chief, Army Nurse Corps

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ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

PERSCOM UPDATE

Army Nurse Corps Branch Web Page
The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch, and for matters pertaining to your military career.

AN Branch Personnel E-Mail Addresses
Please note that our e-mail addresses are not linked with the MEDCOM e-mail address list. We continue to receive numerous calls from the field about "undeliverable" messages when you try to send us e-mail messages. Our e-mail addresses are as follows:

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Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

Upcoming Boards

04 - 21 Jun 2002	Senior Service College
09 - 19 Jul 2002	COL AMEDD & RA Selection
09 - 26 Jul 2002	Command & General Staff College
29 Jul – 02 Aug 2002	LTHET Board
23 - 26 Sep 2002	Chief Nurse Advisory Board
Oct 2002	MAJ AMEDD

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics", and then select MILPER Messages.

FY02 Senior Service College Board: 4-21 June 2002 (Milper Message # 02-089). Eligibility: MAJ(P), LTC & COL, must have completed a minimum of 16 years (192 months) AFCS or maximum of 23 years (276 months) as of 30 Sep 2003. MAJ(P) must be promoted to LTC by June 2002 otherwise will be ineligible for consideration.

Officers that previously declined for consideration will not be considered this year, unless they submit a memorandum stating that they want to be considered for this year's SSC board.

Officers that were selected in the primary list but declined to attend resident SSC are no longer eligible to compete. Officers that were offered the opportunity to do the correspondence SSC but declined are still eligible to compete.

OERs due to OER Branch, PERSCOM: NLT 28 May 2002 Required "Thru date" for Complete-the-record OER is 29 Mar 2002. POC is Ms. Mary Massie, Development Branch, DSN 221-3157. E-mail massiem@hoffman.army.mil

FY02 CGS Selection Board: 9-26 July 2002 (Milper Message # 02-130). Eligibility: CPT(P), or higher, have less than 14 years (168 months) AFCS as of 30 Sep 2003; and have not received four previous considerations for selection to attend a resident CSC.

Officers must be a graduate of, or have credit for completion of AMEDD OAC (MEL F).

OERs due to OER Branch, PERSCOM: NLT 2 July 2002 Required "Thru date" for Complete-the-record OER is 3 May 2002. POC is CPT Bob Gahol, DSN 221-8124. E-mail: gaholp@hoffman.army.mil

FY02 AMEDD COL Board: 9 July 2002
(Milper Message # 02-134)
Zones of Consideration:

	LTC date of rank
Above the Zone	01 Oct 97 and earlier
Primary Zone	02 Oct 97 thru 01Sep 98
Below the Zone	02 Sep 98 thru 01 Jul 99

OERs due to OER Branch, PERSCOM: NLT 2 July 02 Required "Thru Date" for Promotion Reports (Code 11) is 3 May 02. Required "Thru Date" for Code 21 Complete the Record OERs: 3 May 02 (BZ eligible officers are not eligible for "Complete the Record" OER). Letters to the President of the Board: due NLT 9 July 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 17 June 2002. POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or e-mail: gaholp@hoffman.army.mil.

FY02 AMEDD RA Board: 9 July 2002 (Milper Message # 02-092). Eligibility: Officers must be in VI status. MAJ with a minimum of 2 years AFCS, with 14 years or more of AFS and not in a promotable status. CPT with a minimum of 2 years AFCS, with 10 years or more of AFS, and not in a promotable status.
OERs due to OER Branch, PERSCOM: NLT 2 July 2002 Complete the Record OER is not authorized. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. POC is Ms. Brenda Norris, DSN 221-3759; (703) 325-3759 or norrisb@hoffman.army.mil.

FY02 Chief Nurse Advisory Board: 23-26 September 2002. Eligibility: LTC(P) or higher, have less than 336 months AFCS as of 1 June 2002; Masters Degree; MEL 4 or higher; no approved retirement; not under suspension of favorable personnel actions; and two years time on station.

Projected Chief Nurse vacancies for summer FY03:
MEDCEN: Landstuhl Regional Medical Center (Germany) and 18th Medical Command (Korea).
TO&E Group: 44th Medical Brigade (Ft Bragg).
Large MEDDAC: Fort Benning, Fort Campbell, and Fort Hood
Medium MEDDAC: Fort Wainwright (Alaska), Fort Riley, Fort Sill, West Point, Fort Belvoir, Fort Eustis, Fort Leonard Wood, Fort Irwin, Heidelberg, and Wuerzburg.
Small MEDDAC: Fort Huachuca, Fort Meade, and Redstone Arsenal.
POC is COL Sharon Feeney-Jones, DSN 221-2395, e-mail feeneys@hoffman.army.mil.

120-Day Initial OERs
The question has come up from officers in the field as to whether or not we should continue to have a 120-day initial OER. The answer is yes we do need to continue to do the 120-day initial OER and here is the reason why.

AR 623-105, Chapter 3, Section VIII, 3-47 states that Army Medical Department and Judge Advocate General Corps commissioned officers will receive an initial tour of extended active duty OER. The report period will begin with the date of entry on current active duty or the date following the last academic evaluation report and will end upon completion of 120 calendar days.

The senior leaders of the Army Nurse Corps discussed the possibility of changing this regulation. However, this would require concurrence from the other 3 AMEDD Corps involved

(MS, SP, and VC). Additionally for our nondue course officers, the 120-day OER may be an important part of a record going before a promotion board after only one or two years on active duty. There are nondue course officers in other corps and this is why they want to retain the 120-day OER.

*****CRNA Specialty Pay*****

CRNA specialty pay commences after completing 4 years of an existing ADSO. An ADSO of more than 4 years has no bearing on when specialty pay kicks in. CRNAs, however, must accept a full 1-year obligation beyond the fourth ADSO year in order to receive specialty pay. The services are not authorized to provide half-year specialty pay arrangements.

"A" Proficiency Designator Board

The "A" Proficiency Designator Board is scheduled for 27 August 2002. Applicants can access the AN Branch website http://www.perscom.army.mil/OPhsdan/default.htm to obtain information regarding the nomination process and format for application documents. Major Lang (703) 325-2397 is the POC for the "A" Proficiency Board. Please forward nominations to AN Branch NLT 7 July 2002.

LTHET

Board Preparation

The LTHET Board convenes *29 July – 2 August 2002*. There are some proactive actions that officers can take to ensure their packet is competitive:

1. Retake photo if: greater than 1 year, unit patch changed, promotion, or a significant award has been added to the uniform (i.e. MSM).
2. Begin drafting goals statement. Convince the board that you are a good candidate. Do not repeat information that can be identified on the ORB and /or CV. State your short and long term goals.
3. Pass the APFT. APFT must be taken no earlier than April/May unless officer is deployed. Chief Nurses should address an officer's profile and the affect it has on the officer's ability to perform his/her duties.
4. CRNA applicants must submit a hearing test taken no earlier than January 2002.
5. CRNA applicants must meet with Anesthesia Nursing Phase 2 Director.
6. Ph.D. applicants must meet with a Research Consultant
7. Order microfiche and ORB to ensure all the information and appropriate documents are present and correct. Access www.perscom.army.mil/opod/fiche.htm to order a fiche. Use local Officer Records to make corrections to the file.
8. OERs must arrive through official PERSCOM channels in order to be added to microfiche for the board. No unofficial copies will be accepted or added to the LTHET file.
9. Only letters of recommendation from the TDA/TOE Chief Nurse are placed in the file. Nurse Counselors (ROTC) and AMEDD Health Care Recruiters (USAREC) should submit letters from the Chief Nurse(s) of ROTC and USAREC. Do not submit letters from Brigade Commanders, former Chief Nurses, or others.
10. Send the **complete** packet to PERSCOM. Do not send the packet (individual documents) piecemeal.
11. **IMPORTANT**: Attach a Postal Service Domestic Return Receipt (PS Form 3811, March 2001) to ensure delivery of your packet. Applicant may Priority Mail, FEDEX or use other delivery services.

Perioperative Clinical Nurse Specialist Program

There is a new development in long-term health education and training programs. The Uniformed Services University of the Health Sciences (USUHS) recently received approval from the Maryland State Board of Regents to offer a Masters of Science in Nursing program with a focus in Perioperative nursing. The Army Nurse Corps will participate in this program by directing all of our officers who apply for LTHET in Perioperative nursing to attend the USUHS program. Additionally, ANC will provide instructors to the USUHS program.

Facts about the program:

1. Program length - 24 months
2. Location - Bethesda, MD
3. Seat allocation - 10 total seats divided among all the services; ANC will be allocated 3-4 seats
4. Applicant must have a minimum of 1-year Perioperative experience
5. Interview - USUHS faculty
6. GPA- 3.0
7. GRE – 1000 (verbal & quantitative)
8. Officers should contact USUHS (Pat McMullen) at 301-295-1080 or the USUHS web site www.usuhs.mil to begin the application process. The officer should concurrently continue the LTHET application process with AN Branch. The USUHS screening board is scheduled for May 2002. The LTHET board (29 July - 2 August 2002) will consider the officers given the green light by USUHS.

RFOs

Officers scheduled to attend LTHET this summer can contact their PSB for orders. Officers' report date for school is 10 days prior to the first day of classes. Officers should use these days to get settled, however, this time is not considered permissive TDY or leave. The officer should request PTDY and/or leave from the losing organization if additional time is needed to move the family and acquire housing. Officers scheduled to attend Baylor HCA and the DA Anesthesia Nursing Program are assigned to 187th MED BN. USUHS students are assigned to USUHS Student Detachment. Officers scheduled for civilian training are assigned to Student Detachment AMEDDC&S. AMEDDC&S students can access the AMEDDC&S Student Detachment web site www.cs.amedd.army.mil/ag/studet/studet.asp to obtain a Student Handbook and in processing instructions.

Officers have a tuition cap of $3,000/semester or $2,250/quarter cap for the FY2002 and FY2003 academic year. Officers may attend higher cost schools but must

arrange with the college or university to pay the difference between the cost and the tuition cap.

The Long Term Health Education and Training Guidelines (FY2003) are available on the Army Nurse Corps Branch Web site. Use the following method to access the current guidelines: Go to www.perscom.army.mil. Click Officer Management. Click Army Nurse Corps. Scroll down and click Baylor HCA, Nurse Anesthesia, or MSN/PhD. Save to favorites. Failure to use this method may result in accessing guidelines that were saved in your computer system as a cookie or temp file from previous years.

Short Courses

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at http://www.perscom.army.mil/ophsdan/profdevt.htm
To find the latest course schedules for military short courses check the following web sites:
Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): www.dmrti.army.mil
Chemical Casualty Course: www.ccc.apgea.army.mil.
HNLDC and ANLDC:
www.dns.amedd.army.mil/ANPD/index.htm

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Officer Advanced Course

Officers should not report to the AMEDD Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). Major Lang is responsible for entering officers into the ATRRS system after receiving proper notification from the officer's unit. Officers who report to OAC without proper registration are subject to being turned away and returned to their unit. There are seats available in the July and September OAC. Officer Advanced Course dates are posted at: http://www.perscom.army.mil/ophsdan/profdevt.htm.

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes fill quickly at the more popular locations and times. Please plan early. Send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392** (newmanj@hoffman.army.mil). **UPDATE -** All the centrally funded seats for CGSC have been filled for the summer 2002. The Reserve option is still possible, if funded by your individual facilities. Please still, send your completed DA 3838s to LTC Newman for ATRRS entry and tracking. The web address is www-CGSC.army.mil. If you have ATRRS CGSC & CAS3 related questions, the contact is Ms Jennifer West **DSN 221-3159.**

Information for the Reserve Component (RC) CAS3 can be found on line. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO *PRIOR* to discuss your plan.

Generic Course Guarantee

Information on GCG is located in our website (http://www.perscom.army.mil/ophsdan/profdevt.htm).

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil

Please check the AN branch web site at www.perscom.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Hough at houghc@hoffman.army.mil.
Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.
Community Health Nursing Manager: LTC Ross at rossa@hoffman.army.mil

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at http://www.perscom.army.mil/ophsdan/profdevt.htm.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs at Ft. Benning, Ft. Bragg, Ft. Campbell (FORSCOM), Ft. Gordon, Ft. Hood, Ft. Huachuca, Ft. Leonard Wood, Ft. Leavenworth, Ft. Polk, Ft. Stewart, Tripler, William Beaumont, WRAMC, Europe (two FORSCOM, two TDA) and Korea, Summer 2002. Assignment opportunities for 66Es include Ft. Sill, Ft. Rucker, Tripler, Europe (FORSCOM) and Korea. For these and other opportunities, please inquire to LTC Newman ASAP, newmanj@hoffman.army.mil.

Assignment Opportunities for 66H Lieutenants

There is a critical need for 66H and 66G Lieutenants in Alaska this summer. If you are interested in an assignment there please contact LTC Charly Hough ASAP at houghc@hoffman.army.mil
Other assignment opportunities for 66H Lieutenants include: 28th CSH at Ft. Bragg, Ft. Polk, Ft. Irwin, Ft. Riley, WRAMC, WBAMC, DDEAMC, Ft. Jackson.

Assignment Opportunities for Captains

Please take a moment to look at the available positions on the website. I especially need officers in the Division Nurse positions. Two years TOS is needed for PCS. If interested, please notify your Chief Nurse and contact MAJ Greta Krapohl at krapohlg@hoffman.army.mil**.**

Smart Tips From The Future Readiness Officer

By CPT(P) Bob Gahol

Reviewing your ORB

If you have any questions on any ORB information, please e-mail the Future Readiness Officer, AN Branch gaholp@hoffman.army.mil.

Section I: Assignment Information
Make sure your overseas assignments are listed. With some exceptions, deployments are not listed. You may ask your PMO to find out the rules on short and long tours. Generally, a long tour is defined as a tour that is 36 months accompanied/24 months unaccompanied.

Section II: Security Data
Make sure you have a security clearance listed. If not, call your security office immediately. The rules keep changing on expiration dates, so do not be too concerned with the date of your clearance unless your security office or an assignment mandates an update.

Section III: Service Data
Make sure all dates are accurate. These may decide your retirement options some day.

Section IV: Personal/Family Data:
You must keep this current, including your mailing address. You may change this through your Military Personnel Office (MILPO), but your career manager must also be aware of any changes. Make sure that your correct e-mail address and phone number are listed.

Section V: Foreign Language:
Entered if you have taken a language proficiency exam and received a score. AN Branch does not enter special language information on ORB.
Section VI: Military Education Level (MEL):
Shows attendance at OBC, OAC, CAS3, CGSC, or SSC; for Warrant Officers: WOBC, WOSC, WOSSC. These courses change the MEL level. Other non-MEL military courses may also be listed here.

Section VII: Civilian Education Level (CEL):
You must have your highest civilian education degree listed. To update your file, send a copy of original transcripts to the Education Management Officer, AN Branch.

Section VIII: Awards and Decorations:
Make sure all awards and badges are listed, matching your microfiche and DA photo.

Section IX: Assignment History:
Make sure you have one entry for each duty site. Your duty titles should match your OERs. You should not have INCOMING PERSONNEL, EXCESS, OVERSTRENGTH, etc. as a duty title. If you are assigned to a specific ward/unit, please state the ward/unit's name, not the ward number (example: Head Nurse, Ortho. Ward; Clin Staff Nurse, SICU). Your local MILPO can update your assignment history/duty title.

Section X: Remarks:
Your photo date should match your photo. Completed board certification should be listed and must not be expired.

To update your ORB: Take your documentation to your MILPO. They can update most items. If they cannot, e-mail the AN Branch to see how to update that particular item.
To order your ORB: Call your local personnel support (where your records are kept) and ask them for a current copy of your Officer Record Brief (ORB). PERSCOM does not distribute these.

Reviewing Your Microfiche

The following are items to look for while reviewing your microfiche. For more detailed questions, please e-mail the FRO, AN Branch (gaholp@hoffman.army.mil).

Performance Data: Make sure all of your AERs and OERs are listed, readable, and in order. Your CAS3 completion certificate is also entered here. To check on your latest OER received, call the OER hotline at (703) 325-2OER (2637) / DSN: 221-2637.

Education & Training: All degrees (Baccalaureate and higher) on your ORB must have transcripts here. You may send in completion certificates from military courses that are 40 hours or more. Be careful not to "junk up" this section. Be selective about courses listed.

Commendatory and Disciplinary Data: You should have one certificate/set of orders for each award and badge listed on your ORB. Selected Certificates of Achievement may be posted. Letters of appreciation do not go on your fiche.

Service Data: Administrative paperwork. This section is not seen by a board, but should still be accurate.
To order your microfiche, go to
http://www.perscom.army.mil/opod/fiche.htm

ANC HISTORIAN NEWS
MAJ Debora Cox

Happy National Nurses Week, May 6th – 12th 2002. From Military Treatment Facilities to Forward Surgical Teams, Army nurses join colleagues around the globe as we celebrate the profession of nursing and it's origins and legacy of optimal patient care to the people of the world.

I would like to share with you an article written by Ms. Alice Booher, Counsel , Board of Veterans Appeals. For over 33

years, Alice has worked with female POWs to reach out and keep in touch with the veterans and their families, so that they know how much we appreciate their selfless sacrifice and service.

Another American Angel died 2/15/02 - ***Ethel Margaret Thor Nelson, 91***. Born 6/30/10, in 1930 she graduated from St. Joseph's School of Nursing. From 7/33-3/38, she nursed at the station hospital of the Civilian Conservation Corps at Ft. Lewis, WA; she joined the Army in 3/38 as an operating room and general nurse, and was stationed in the Philippines in field hospitals on Bataan and Corregidor before she was captured and spent 3 years as a POW, one of those dubbed by GEN Jonathan Wainwright as Angels of Bataan. Her captivity and return CONUS was fully reported in *The Tacoma News Tribune* and *The Tacoma Times* of 4/6/45. She was retired as a 1st LT on disability on 6/30/46.

She and her husband, Carl (Ted) Nelson, who died in 1983, lived on a farm near Spanaway, WA, and are survived by 3 daughters, Mrs. Dan (Linda) Bradley, Mrs. Ron (Carla) Kingsbury, and Ms. Sandra Thor.

In correspondence written to me in Washington, D.C., dated 8/12/91, Ethel recalled her fellow WWII Army POW nurses, particularly *Josie Nesbit* and *Ann Mealer*, and the others whom she described as "outstanding". She said: "I hold each one close to my heart". And as always, looking outside herself to those and that around her, she further noted: "We love our Mount Rainier - have a wonderful view of it." Ethel was "living in the Lutheran Home, have a nice apartment. We are 100 residing here and just like a big family, just like it used to be, but better accommodations. Have activities and trips to participate in if we wish. Have a sister living here 94 years old and sharp as a tack. This past June I was 81, have 3 lovely daughters that are married. Two of them have 2 children. Count my blessings every day as I feel there is an angel on my shoulder. God bless you all".

According to Ethel's daughter Sandy, on a sunny morning, using Bible verses and songs she had picked herself, and having told the Pastor whom she had known for 16 years to "keep it short", Ethel received a full military graveside service on 2/20/02 at Firlane Memorial Park. This was attended by Deputy Commander for Nursing at Madigan AMC, *COL Rita Jacques, USA NC. Frankie T. Manning*, Seattle VAMC Chief Nurse had regularly kept tabs on Ethel but was going out of town at the time of her funeral, and so was well represented by two senior VAMC nurses: *Zuniega "Goody" Calugas*, whose dad was SGT Calugas, a cook (later receiving a commission), a WWII Pacific Theater ex-POW and the first Filipino awarded the Medal of Honor (and who later died in the VAMC Seattle); and *Joyce A. Johnson*, herself a former US Army nurse, whose mother was also WWII USA NC.

To her expressed surprise and the delight of her family, Madigan AMC had earlier recognized Ethel during the 100th birthday party for the ANC at Ft. Lewis, WA in 2/00 and at WWII 50th anniversary events. And she was equally well known and loved at the VAMC Seattle. On Ethel's death, Manning said: "She has been an inspiration and guiding light for us all...I still feel honored by her presence. A special veteran, who leaves a light to guide us all professionally." In October 2001, Ethel had fallen, breaking her pelvis, and after hospitalization, returned to hospice at Tacoma Lutheran Home Care Center. Her daughters Carla and Sandy were at her peaceful quiet bedside when she died.

In a letter 2/26/02 to *Dr. Elizabeth Norman*, Sandy Thor said that in her mother's papers, they found photos, a short diary of the bombings on Bataan and Corregidor, songs and poems that the nurses wrote, a list of the nurses and their hometowns and birthday, and bridge and Japanese lessons, none of which they had ever seen before. There was a memorial service for 200 at the Tacoma Lutheran Home Chapel, attended also by 2 of the men who had known Ethel well when they were on Corregidor. Ethel had lived in the Tacoma Lutheran Home apartments for 18 years, and after retiring from nursing, had continued her nurturing and helping ways including generous contributions until very recently to Women in Military Service to America Foundation (WIMSA).

On 3/8/02, Frankie Manning stated that the VAMC Seattle "will dedicate our annual nursing celebration to her this year in recognition of her leadership and guidance for humanity, nurses and women everywhere. There are few of them left and I feel we have to remind our young as often as possible of who has gone before us." Frankie Manning passed on her thoughts to DVA Nursing Chief Cathy Rick who in turn submitted it, in Washington, to James Holley of the Secretary's staff, who suggested that after an article has been run in *VANGUARD*, that it be copied, matted and framed and presented to the family; Manning hopes that Ethel's 3 daughters can attend the Seattle VAMC celebration." * Sources: *The Tacoma News Tribune*, 2/19/02; ***Sandy Thor, Maj Gen Irene Trowell-Harris, USAF/ANG (Ret); Brig Gen Wilma Vaught, USAF (Ret); MAJ Debora Cox, USA*** and ***LTC(P) Pauline Knapp, USA MSC*** [O/USArmy Surgeon General], ***Frankie Manning,*** VAMC Seattle, ***Dr. Beth Norman*** (Rutgers); and my -personal files.

THE 274TH FST DEPLOYED
Supporting Operation Enduring Freedom
Bagram, Afghanistan
CPT Craig Budinich and CPT Paula Lastoria

The 274th Forward Surgical Team (ABN) deployed 14 OCT 02 from Fort Bragg, North Carolina. While initially located in Karshi Khanabad (K2), Uzbekistan the 274th FST was tasked with surgical coverage of northern Afghanistan and Stronghold Freedom in support of Operation Enduring Freedom. The 274th FST was then redeployed in December to Bagram Airbase, Afghanistan where it is currently located.

The 274th FST is a twenty-person team with two 91K (lab technician) augmentees (SGT Christopher Hoffer and SSG Kevin Buie). The commander, MAJ Brian Burlingame (general surgeon), is assisted by two other general surgeons (LTC George Peoples and MAJ Bob Craig), and an orthopedic

surgeon (MAJ Tad Gerlinger). Army Nurse Corps officers on the team include the Chief Nurse, CPT Craig Budinich (CRNA), CPT Paul Maholtz (CRNA), CPT Herman Allison (ICU OIC), CPT Paula Lastoria (ATLS OIC), and CPT Carlos Orellano (OR OIC). The 274th FST also has three 91Cs (SGT Martin Contreras, SGT Jameson Gaddy, SGT Scott Specht).

The 274th FST has seen more than 500 patients including greater than 200 combat casualties. The 274th FST received and treated all combat casualties sustained during Operation Anaconda in March. The majority of traumatic combat casualties seen were shrapnel wounds and gun shot wounds to the extremities. The majority of non-traumatic combat casualties seen were Acute Mountain Sickness due to rapid elevation changes during the operation. Non-combat injuries (traumatic and non-traumatic) seen by the 274th have involved land mine strikes, helicopter and C-130 crashes, vehicle crashes, and old fashioned appendicitis. The variety of surgical cases that were seen by the team during this deployment has been diverse and challenging. These cases included exploratory laparotomies, vascular repairs, external fixations, amputations, wound debridements, a craniotomy, pediatric wound debridements, appendectomies, lacerations and I/D of abscesses. The 274th FST has also provided extensive orthopedic and surgical care for the detainees held at Bagram Airbase.

Tower 2 Bagram Airbase

The wide-range of nursing care required for most of the patients treated at the 274th FST was extensive. Doctrinally, an FST should hold patients no longer than six hours but due to constraints imposed by limited evacuation assets holding times were increased (6-96 hours). All nurses assisted with staffing of these patients and provided the highest quality nursing care in an austere field environment.

The 274th FST continues to operate in Bagram Airbase, Afghanistan, but our time here grows short. All of the members of the team have performed at exceedingly high levels of professionalism, competence, and proficiency for the last six months. Our experiences supporting both Special Operations Forces and conventional Army forces during Operation Enduring Freedom have permanently strengthened our confidence in the nursing skills that we have developed. It has been a distinct honor to conserve the fighting strength of our combat forces.

GREETINGS FROM CENTRAL ASIA
Task Force 261
Major Netta Stewart

Army Nurses send their regards from the most forwardly deployed Level III, Combat Support Hospital (CSH) in Central Asia, in support of Operation Enduring Freedom. This very unique Task Force is comprised of FORSCOM nurses assigned to the 86th Combat Support Hospital from Fort Campbell, Kentucky and PROFIS nurses from Fort Bragg, North Carolina, Fort Belvoir, Virginia, Fort Rucker, Alabama and West Point, New York. These professional nurses compliment the medical staff of the hospital to provide optimum health care to the deployed forces. The main mission of the Combat Support Hospital is to meet the health care needs and to conserve the fighting strength of the deployed forces in direct support of *Operation Enduring Freedom.* The scope of responsibility encompasses several countries located in Central Asia. The Task Force also has additional support services to include Veterinarian Services (248th MED DET), Preventative Medicine Services (172nd MED DET) and Combat Stress Control (528th CSC), Blood Support Unit (440th MED DET) and a Medical Logistics unit (32nd MEDLOG).

Our adventures began with the integration of the nurses into the deploying 24-bed slice Combat Support Hospital during a pre-deployment training phase in November 2002 at Fort Campbell, Kentucky. We joined our advanced party in country by mid December after an interesting eight-day European adventure. This included staying several days in the Incirlk, Turkey air terminal. The Air Force staff there jokingly presented LTC Carol Newman, Deputy Commander for Nursing, with a Certificate of Occupation. We inquired if there was a campaign ribbon to go with it.

Once in country, we quickly established our 2-bed Operating Room, 7-bed Emergency Medical Treatment section, 24-bed inpatient area, as well as assuming the sick call mission from A Company ASMB (-) from Fort Bragg whose medical staff latter joined ours. Before we knew it, Christmas was upon us and our nurses were tasked with coordinating the Task Force Christmas party. A great time was had by all. The start of the New Year found us utilizing our skills when we first experienced our arrival of multiple casualties as a result of an aircraft mishap. To date, the Combat Support Hospital has expertly executed 4 MASCAL scenarios, cared for 63 combat related casualties in addition to caring for the acute health care needs of the deployed forces and conducting health screening for the local nationals who are employed on the base camp. At present, over 250 individuals have participated in the health screening process. The implementation of this program has been proactive in protecting the well being of our deployed forces.

1st row (left to right): CPT Lorilla, LT Paxton, CPT Banks & MAJ Joss. **2nd row:** LTC Newman, MAJ Stewart, CPT McCawley, CPT Snead & MAJ Rivera **3nd row:** MAJ Harmon, CPT Wise, MAJ Roos & CPT Hassler missing: CPT Garcia

Our nurses have established a reputation for being involved with the training for clinical skills sustainment. Our facility, in cooperation with the Air Force Air Evacuation System (AES) staff, has conducted an Emergency Medical Technician-Basic (EMT-B) refresher course and Pre-Hospital Trauma Life Support (PHTLS) class. Both of these classes directly contributed to the sustainment of the 91W transition program in a deployed environment. Sixteen EMT-B and 14 PHTLS students successfully completed the courses for which our CRNAs and registered nurses provided professional instruction. In addition, all of our nurses have had the opportunity to present weekly in-services to the staff to assist the medics with their professional development as health care providers and to develop and maintain skill proficiency.

Many accolades are deserved for the professionals deployed with Task Force 261. The hospital is the first CSH to implement the utilization of a liquid oxygen distribution system that transforms ambient air into oxygen. Our facility is equipped with piped in oxygen, which is created by a large trailer-size prototype generator. This oxygen system distributes oxygen to the bedsides in our 4-bed Intensive Care Unit, 6-bed Intermediate Care Ward and 7-bed Emergency Medical Treatment section and allows for the replacement of gaseous oxygen into D and H cylinders supplied throughout the theater by 32nd MEDLOG. The CSH has also been instrumental with the utilization of a prototype digital x-ray system that allows for the internal transmission of radiographic images to the Emergency Medical Treatment section, the Operating Room and the Intensive Care Unit. The use of the digital x-ray has expedited the diagnosis and subsequent treatment of many of our patients. Within minutes of the radiology technician leaving the bedside, the physician is able to retrieve the results from lap top computers. The image is adjustable, which not only decreases the amount of time required, but the amount of radiation the patient receives from repeat exposure.

To proficiently manage the regulation of patient movements within and out of theater, the implementation of the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES) was instituted. This computer-based system allows for patient tracking visibility within theater to more definitive care destinations. The majority of the patients are regulated from the Combat Support Hospital to Incirlik, Turkey, Landstul, Germany and if required, to Walter Reed Army Medical Center. Patient's location and health status can be monitored contributing to the continuity of care.

Though small in number, the Army Nurse Corp Officers assigned to Task Force 261 have had a significant impact on mission accomplishment and are a very vital part of patient care within this designated theater of operation. We are all definitely ready, caring and proud to serve as Army Nurses!

NURSING RESEARCH UPDATE
Ethical Issues Study Now Underway
COL Janet Harris, PhD

By now, you may have already received an invitation to participate in the "Ethical Issues in Department of the Army Nursing Practice" research study. This study is being conducted by a research team led by COL Janet Harris, Chief, Department of Nursing, Academy of Health Sciences. The purpose of the study is to identify ethical issues faced by Army Nurse Corps officers and Department of the Army Civilians and specific military-related issues not experienced in civilian health care environments. There have not been any studies that looked specifically at ethical issues experienced by nurses in a military setting. The overall purpose of this study is to develop targeted ethics educational interventions to enhance ethical nursing practice in the Department of the Army.

If you have already returned your questionnaire, we thank you for your participation! If you haven't yet participated, please take a few minutes to complete the questionnaire. The survey is anonymous so you will not be able to be identified from the questionnaire. The knowledge you have from your experiences is vitally important to this study and more importantly to the future of Department of the Army nursing. We hope that you will choose to take part in the study.

The study involves a one-time anonymous completion of the Ethical Issues Questionnaire. Once you complete the questionnaire, please mail it directly back to the research team in the enclosed stamped envelope…and keep the enclosed gifts as our thanks for your participation. You will not directly benefit from this study, but the information we gain will be helpful in identifying ethical issues experienced by nurses working within the Department of the Army and the potential impact upon nurses in peace and wartime scenarios. We will publish a copy of the findings from the study in the Army Nurse Corps Newsletter.

Thank you in advance for your support and participation in this study! If you would like more information about the study or have not received a questionnaire packet, please contact the Program Manager, Tess Weaver, RN by e-mail at nursingresearch@hotmail.com ; at 210-221-6397 or DSN 471-6397. Thank you for your support.

CRITICAL CARE CONSULTANT NEWS
AACN's NTI Military Networking Event
COL Juanita Winfree

The American Association of Critical Care Nurses (AACN) is an organization dedicated to providing members with the knowledge and resources necessary to provide quality care to critically ill patients. The AACN represents more than 65,000 nurses in the U.S. and 45 countries worldwide. In 1974, AACN introduced the National Teaching Institute (NTI) and Critical Care Exposition as a vehicle to disseminate state of the art critical care nursing knowledge. NTI attracts more than 6,000 participants providing critical care nurses with education, practical hands on skill experiences, pertinent critical care research opportunities and exhibitors.

As the Critical Care Consultant, I will not be in attendance this year, however, I encourage Army Nurses attending to take this opportunity to meet and network with other military nurses, and on return to their duty station to share with colleagues the knowledge gained at the conference. Several Army Nurse Corps Officers will be attending the conference; **MAJ Spencer, MAJ Feider and MAJ Snyder are coordinating a networking meeting in the lobby/bar of the Westin Hotel on 8 MAY at 1800 for military nurses to network during NTI.** Points of contact are MAJ Lindie Spencer, belinda.spencer@cen.amedd.army.mil, at 210-916-4908 or MAJ Laura Feider, laura.feider@amedd.army.mil, at 210-221-6221.

Enjoy the conference and networking opportunities!

MATERNAL CHILD HEALTH NURSING CONSULTANT
LTC Ramona Fiorey

Some of you may have already heard of "NDAA 2002". For those of you who haven't, it is the National Defense Authorization Act for 2002. This Act, which was signed into law early this year and will become effective December 2003, is anticipated to have a significant impact on obstetric services for all the military services. It allows TRICARE Prime patients to disenroll from Prime and seek perinatal care in the community without obtaining a nonavailability statement.

The cost to patients will be $25 for perinatal services, which is the same as they pay for care in a military facility. If the newborn's father is a member of Tricare Prime (or active duty), the infant will be covered for the first 120 days of life to include neonatal intensive care services. Costs of non-perinatal related events would be covered in the same way as TRICARE Standard, with co-pay and deductible requirements. The Navy has already conducted surveys at its facilities and conservatively estimates that 25% of the obstetrical patients would choose to receive perinatal care in the community. Although formal surveys in Army MTFs haven't been concluded yet, the estimate is anticipated to be 25-30% attrition. The impact of this attrition has the potential to close obstetric services and reduce residencies for Obstetrics, Pediatrics and Family Practice. This, in turn, will have a detrimental impact on other residencies and impair the ability of the services to train GMOs and specialists required to meet medical care needs of line units. Although the effective date is December 2003, it is likely that women with delivery dates in December who choose to seek perinatal services in the community will be allowed to obtain non-availability statements earlier to allow them continuity of care. In effect, facilities could begin to feel the effects of this early in 2003.

Obviously the AMEDD must respond to the expected impact of this legislation or risk losing our "market share". Army consultants for Obstetrics, Pediatrics, Family Practice, Nurse Midwifery, and OB/GYN Nursing and providers from regional Army Medical Centers have met with staff officers from the Office of The Surgeon General to focus on how best to maintain Maternal-Child care services and to develop a template for the ideal MTF based Maternal-Child health service. The group identified major areas for improvements that could increase the overall quality of the childbearing experience for beneficiaries. These included access to care, inpatient and ambulatory care services, marketing, patient and staff education, organization, staff satisfaction and pediatric care. Results of the input from the group will be used to develop AMEDD strategies to make Maternal-Child health care services in our MTFs competitive with community facilities. The civilian medical community is anticipated to court our beneficiaries aggressively as a result of this legislation.

A consulting firm has been contracted to assist the AMEDD in this endeavor. Over the next couple of months, all MTFs that provide obstetric services will be undergoing an assessment of their services with the consultant group. The goals for the site assessments are to develop a gap analysis for each facility, identify local and corporate strategies to narrow the gap, and develop and implement business plans to improve maternal child health services. It is important for facilities to engage fully in this assessment process. Nursing and physician leaders, clinicians, and administrative personnel need to actively participate for the assessment to yield the best analysis. The consulting team and accompanying military team member will be requesting specific information prior to their arrival at each facility. The team will conduct interviews with key provider and nursing personnel, a patient focus group, and will assess the clinical and business components of obstetric services. Below is the schedule for the Women's Health Assessment Site Visits:

MTF	Location	Dates	Military Team Member
Darnell AMC	Ft. Hood, TX	9-12 Apr	COL Simpson, AN,
Womack AMC	Ft. Bragg, NC	22-26 Apr	COL Williamson, MSC
Winn ACH	Ft. Stewart, GA	22-24 Apr	LTC Chow, MC
Eisenhower AMC	Ft. Gordon, GA	24-25 Apr	LTC Chow, MC

Reynolds ACH	Ft. Sill, OK	29 Apr-1 May	MAJ Heimall, MSC
Leonard Wood ACH	Ft. Leonard Wood	1-3 May	LTC Chow, MC
Martin ACH	Ft. Benning, GA	8-10 May	MAJ Allaire, MC
Evans ACH	Ft. Carson, CO	13-15 May	COL Williamson, MSC
Triper AMC	Honolulu, HI	15-17 May	LTC Altenburg, AN
Madigan AMC	Ft. Lewis, WA	20-22 May	LTC Robinson, MC
Bayne-Jones ACH	Ft. Polk, LA	28-30 May	COL Simpson, AN
Blanchfield ACH	Ft. Campbell, KY	3-5 Jun	MAJ Belson, MC
Ireland ACH	Ft. Knox, KY	5-7 Jun	MAJ Belson, MC
Keller ACH	West Point NY	3-5 Jun	MAJ Heimall, MSC
Guthrie AHC	Ft. Drum NY	5-7 Jun	MAJ Heimall, MSC
W. Beaumont AMC	Ft. Bliss, TX	10-12 Jun	MAJ Belson, MC
Bassett ACH	Ft. Wainwright, AK	10-12 Jun	MAJ Heimall, MSC
Weed ACH	Ft. Irwin, CA	13-14 Jun	MAJ Heimall, MSC
Dewitt ACH	Ft. Belvoir, VA	17-19 Jun	MAJ Heimall, MSS
Walter Reed AMC	Washington, DC		
Brooke AMC	Ft. Sam Houston, TX		

On a different note, two notifications have recently come from the FDA that has implications for Obstetric and Neonatal patient care:

1) The FDA Center for Food Safety and Applied Nutrition (CFSAN) is concerned about Enterobacter sakazakii infections in neonates fed milk-based powdered infant formulas, particularly in premature infants and those with underlying medical conditions. Powdered infant formulas are not commercially sterile products. The FDA recommends that powdered infant formulas not be used in neonatal intensive care settings unless there is no alternative available. Those facilities with NICUs should consider discussing this issue with the facility Risk Manager and JAG to determine facility response. The website www.fda.gov/medwatch/SAFETY/2002/safety02.htm#esaki provides more information, including recommendations to reduce risk of infection if powdered formula is used.

2) Recent changes have been made on labels for Cytotec (misoprostol). The changes occurred primarily as a result of adverse effects for some women when Cytotec was used in conjunction with Mifepristone for termination of early pregnancy. The major changes include the following:

- Removal of contraindications and precautions that Cytotec should not be used in women who are pregnant.
- Clarification of the contraindication for pregnant women who are using Cytotec to reduce the risk of non-steroidal anti-inflammatory drug (NSAID)-induced stomach ulcers.
- Creation of a new labor and delivery section of the labeling and provision of safety information related to those uses.

Provision of new information that uterine rupture, an adverse event reported with Cytotec, is associated with risk factors, such as later trimester pregnancies, higher doses of the drug, including the manufactured 100 mcg tablets, prior Cesarean delivery or uterine surgery, and having had five or more previous pregnancies. Rationales for these changes and additional information can be found at **www.fda.gov/medwatch/SAFETY/2002/safety02.html#mifepr.**

DIRECTOR, HEALTH PROMOTION AND WELLNESS, USACHPPM
DOD Population Health and Health Promotion Conference
COL Gemryl L. Samuels

The US Army Center for Health Promotion and Preventive Medicine (USACHPPM) announces the 2nd Annual DOD Population Health and Health Promotion Conference to be presented in conjunction with The 5th Annual Army Force Health Protection Conference in Baltimore, Maryland from 9-16 August 2002. **The theme for this year's conference is "Adapting to a Changing Global Environment".** The conference is designed to unite the population health and health promotion specialties in an integrated tri-service environment that will provide scientific and technical training necessary for the diverse specialties; allow participants to address relevant and significant population health and health promotion issues; and provide mentoring and networking opportunities. The conference is planned to provide an exchange of information that has a wide application within the community.

We will begin our program with three days of pre-conference Skills Training Workshops, offered 9-11 August 2002. Tentative workshop topics include humanitarian assistance, risk communication, tobacco cessation, injury control education, dental health promotion, and weight management. The core conference will begin 12 August 2002 with a full day of combined plenary sessions featuring both military and civilian keynote speakers presenting topics of interest to the widest preventive medicine, population health, and health promotion audiences. Breakout sessions will be offered 13-15 August 2002. The conference will conclude on Friday 16 August 2002 with the presentation of service specific breakout

sessions. The preliminary program, conference and Skills Training Workshop registration, Call for Poster Abstracts, and hotel information are available via links on the USACHPPM home page: http://chppm-www.apgea.army.mil/fhp/

If you have any questions, please contact our conference director, MAJ Sonya Corum at DSN 584-4656, 410-436-4656 or 1-800-222-9698 ext. 4656.

"Readiness thru Health"

INFECTION CONTROL CORNER

Jane Pool, RN, MS, CIC and
Kim Matthews, RN, MS, CIC, HEM

I attended the 12th Annual Meeting of The Society for Healthcare Epidemiology of America (SHEA) in Salt Lake City, Utah in April along with six other Army colleagues to include representatives from Korea and Hawaii. We celebrated the annual harvest of the fruits of study from an organization that embraces the development and application of the science of health care epidemiology. Healthcare epidemiology includes any activity designed to study and/or improve patient care outcomes in the healthcare setting.

There were two main themes of focus for this year's meeting – the Patient Safety Movement and Bioterrorism. Healthcare epidemiologists were encouraged to become local leaders in preparing for bioterrorist events. The focus for preparation activities has definitely shifted – it's no longer if - but rather it is when the next attack will occur. Julie Gerberding, director and acting deputy director at the National Center for Infectious Diseases within CDC, urged attendees to not accept "dogma" regarding these agents, but to think inductively and be flexible as new data present themselves. The Honorable Jim Matheson, US representative from Utah and member of the House Science Committee, provided the legislative viewpoint regarding bioterrorism. He reviewed the impact of the terrorist events on the public health infrastructure, and discussed the need to improve inter-agency communication and coordination. Major Jon Woods (USAMRIID) reviewed the various methods a terrorist might incorporate to disseminate biological agents. He also discussed USAMRIID's response to the threat.

In New York City, a new public health surveillance program was put into place after the Anthrax release. This system detected an outbreak of rotavirus that may otherwise have gone unrecognized, emphasizing the value-added benefits of community/state automated surveillance systems. Good communication during a crisis is essential, to include ensuring that political leaders are providing the correct information to the public. Besides, everything I learned about anthrax came from watching CNN! *(just kidding!)*

Another point that rang clear at this conference was the apparent trend of many SHEA members to begin focusing their efforts on the evaluation of non-infectious outcomes of healthcare - adapting the same epidemiological principles and prevention strategies, which have proven so successful in nosocomial infection control to applications for a wider range of quality-of-patient care issues.

CJD Update There have not been any known cases of transmission of CJD in a healthcare setting attributed to ***steam sterilized instruments***. Of note to those facilities that occasionally have a suspected case – Dr. William Rutala emphasized that **high**-risk devices used on **high risk** tissues (e.g. brain, cornea and spinal cord) in **high risk** patients should be subjected to special treatment. Surgical instruments that are contaminated with these tissues or body fluids should not be allowed to dry - soak them immediately in a non-aldehyde solution. Once these proteins are exposed to formalin or Cidex – they are much more difficult to sterilize. All other patient care items that **do not come into contact with those tissues** may be treated with standard disinfection/sterilization procedures.

Kim Matthews, RN, MS, CIC, HEM is the Infection Control Consultant at Blanchfield Army Community Hospital and she also attended the conference. Please continue reading - she would like to share her impressions from the conference with you.

I attended two early morning "**Meet the Consultant Sessions"** that enabled the audience to meet with the experts in an informal atmosphere – allowing us to hear firsthand what other facilities are agonizing over.

"Working Patient Safety into your Infection Control Program" was presented by Gina Pugliese. As we began our careers, the old adage was *"In God We Trust… all others Must Bring Data."* Times have not changed…we continue to live in an evidence-based society. I guess the state of Missouri had it correct when they named it the *"Show me"* state. We all know that Infection Control has been doing patient safety issues since the beginning of time. With the new redesign of healthcare systems and the focus on improvement priorities, we must present the data in such a way that it will support our focus and have a cost-benefit. Causes of problems are overuse, underuse and misuse; those can get you in trouble.

A prime example that was discussed is the appropriate care for the patient with pneumonia to include antibiotic selection and use; and early detection. Community-acquired pneumonia (CAP) puts an economic burden on institutions in the US in the range of 9.7 billion, with 4 million adults being diagnosed annually and a 25% hospitalization rate. CAP is the most common cause for hospital admission and it is the number one infectious cause of death. The patient's perceptions after reading the Institute of Medicine report were also discussed – they are most concerned about medication errors and acquiring nosocomial infections.

Other topics included the comparison of health care to industry and human factor engineering – in other words, changing the design to make it easy to do the right thing and hard to do the wrong thing (idiot proofing). If any process

has more than 5 steps, the error potential increases significantly.

In "Back to the Future", Dr. Tammy Lundstrom discussed the critical elements of program development. She asked healthcare workers, *" What keeps you up at night?"* The focus on near misses can be a potential liability in the future, if you do nothing. These can also be viewed as the stepping-stones to a successful program. Remember *"Error is the result of a failed process, not a failed individual"*. Pick your battles that are the most crucial to you – AND the ones that you lose sleep over.

"Immunization in Health Care". I was proud to be a military representative; we are in step with our civilian counter parts, if not ahead in some regards. One struggle they are toiling with is getting their physicians immunized with Hepatitis B. Individual occupational health vaccines were discussed and smallpox was on everyone's agenda. Rule of thumb - you are contagious from fever till the scabs all fall off, which is approximately fourteen days.. *Aventis* has discovered 90 million doses and the CDC has been able to determine that the 15 million they have can be diluted to 150 million. Good news - we all can take a deep breath!

Varivax™ (*Varicella*) A twenty-year study on Varivax™ vaccine recently completed in Japan, indicates that we have the immunity longer than first thought.

MGC (*N.Meningitides*) This vaccine that we give our recruits will not totally eliminate the risk of the disease because the vaccine does not protect against Serogroup type B that causes 56% of the reported cases.

Hepatitis B vaccine New dosing protocol is under study. From 1983, when Hepatitis first was introduced into the healthcare arena we have been dealing with those individuals that have had the vaccine two to three times or more and never show a positive antibody. Frustrating for them and us, non-responders will be around 5-10%. Some studies have shown that giving .25cc in two separate sites over a four-week period of time has shown better conversion rates. The jury is still out on the final results…remember show me the data. The military would be a great test site!

DEPARTMENT OF COMBAT MEDIC TRAINING
CPT(P) John Rodgers

Currently the Department of Combat Medic Training has thirty-four patient simulators in three separate laboratories. The 91W Program is in the process of developing one of the nation's largest mannequin patient simulator laboratories. The Department is adding an additional eighteen patient simulators and is projecting to open six additional laboratories in the next eight to ten weeks.

The currently employed patient simulator allows the student to learn to perform common tasks such as open the airway, and stop the bleeding to more complex tasks such as advanced airway management with the insertion of a Combi-tube. The patient simulator allows the student to make errors, but at the same time it gives on the spot feedback with a sense of reality. Although the student may make a mistake with the simulator, the goal is to educate the student to learn from their mistakes and this experience is one they will not have to learn from a live patient.

A few of the capabilities of the patient simulator are realistic breathing, palpable pulse points and ability to auscultate the lung, heart and bowel sounds. The patient simulator has several components that can be used to teach trauma and shock. When the bleeding model is in use, the rapid pooling of artificial blood drives home the point of controlling bleeding by direct pressure or applying a tourniquet.

It is well-known that when the student has been taught the didactic portion of a class, they can only retain about ten to twenty percent of the material, but when the classroom is reinforced with the practical exercise, i.e. hands-on training, the retention rate increases to over fifty percent. The feedback from the students who have trained on the patient simulator has been overwhelmingly positive. Today and in the future, there exists a win-win situation for both the soldier-student and the Department of Combat Medic Training. The student's confidence and knowledge level is increased and the AMEDD is able to provide a better-trained Soldier-Medic to the Army.

OB NURSE COMPETENCY
Training in the Land of the Morning Calm
MAJ Janie Lott and MAJ Kimberly Smith

Hello from the Woman Infant Care Unit (WICU) and the Perioperative Section of the 121st General Hospital. The WICU performs an average of five Cesarean Sections (CS) a month. We provide low volume, high-risk obstetrical services in a small, austere environment. Army nurses assigned to 121st General Hospital are frequently recent graduates of the OB/GYN course. As a result, ensuring the competency of novice Obstetrical (OB) nurses has been a problem. Fetal or maternal well being can be compromised at any point during the labor process; which can necessitate the need for emergency surgical intervention. Therefore, the most competently trained personnel are needed. Annual staff turnover presented us another challenge in maintaining staff competency skills.

A survey of the novice OB nurses revealed that they received limited clinical experience and exposure to the role of circulating nurse during a CS. They indicated that the OB course generally provided a one-day overview and orientation through the operating room. If a CS was performed during the one day of orientation, great efforts were made to expose the OB nurse student to that experience. Beyond that, the OB nurse student concentrated on all other aspects of perinatal care except the surgical delivery of infants. To ensure OB nurses are prepared to function as a circulating nurse during an emergency CS, we developed a circulating nurse competency checklist for the novice OB Nurse.

Normally during an emergency CS, the OR nurse serves as the Circulating Nurse. The Association of Women's Health, Obstetrics and Neonatal Nurses has recognized that the Labor and Delivery nurse must be clinically competent to function as a circulating nurse during an emergency CS when the OR nurse is not readily on site (OR nurses are required to response to an emergency CS within 20 minutes which is consistent with national standards). Because of the response time, it became necessary to insure OB nurses on labor and delivery unit were competent to intervene until the OR nurse arrived. As a result, we identified the need to cross-train OB nurses to circulate in the event of a crash CS. Collaboratively, we developed the **Circulation Competency Checklist for OB Nurses.**

The checklist identifies the tasks and expectations of the circulating nurse. The checklist identifies the tasks and expectations of the circulating nurse. Our goal was to help the novice OB nurse to become comfortable, confident and competent in opening the case until the OR nurse arrives. But should the case be so emergent that he/she must circulate right away, the OB nurse would have demonstrated the skills needed to function during an emergency situation. Because of the low volume, high-risk environment, our training program was tailored to include gynecological (abdominal) surgeries, thus insuring sufficient opportunities for nurses to train and hone their circulating skills. It is not our intention to convert OB nurses into OR nurses, but to increase the OB nurse's ability to function proficiently and competently in the initial role of a circulating nurse during an emergency or "crash" CS until the OR nurse could arrive. To date, 100% of OB nurses assigned to 121st General Hospital have completed the training. Our novice OB nurses have commented on the effectiveness of the program and it has consistently resulted in successful outcomes for both patients and staff. Training continues on a quarterly basis and is tailored to the meet the needs of the individual and the demands of the challenges of annual staff turnover.

Circulation Competency Checklist for OB Nurses

	Yes	No
1. Safely transport the patient to the OR and transfer to the OR bed.		
2. Correctly position and secure the patient on the OR bed.		
3. Correctly set up the suction apparatus.		
4. Correctly open all sterile supplies.		
5. Correctly gown the OR tech and surgeons.		
6. Prepare and do pre-op shave and prep.		
7. Correctly apply bovie dispersive pad and operate the bovie.		
8. Proper procedure documentation, i.e. pad counts etc.		

*The authors are MAJ Janie Lott, Head Nurse, Women's, Infant-Care Unit and MAJ Kimberly Smith, Chief, Perioperative Nursing Service.

NEWS FROM AROUND THE AMEDD

AUSA MEDICAL SYMPOSIUM

The U.S. Army Surgeon General in cooperation with AUSA is sponsoring the **AUSA Medical Symposium, 6-10 May 2002**, at the Henry B. Gonzalez Convention Center, San Antonio, Texas. Seven conference groups will convene to attend general audience, as well as individual conference group sessions. Major conference groups include Baylor Preceptors, CSM/SGM, DENCOM, MTF Commanders, Operational Officers, Quality Management and Senior Leaders. The conference theme is **"Adapting for Today-Transforming for Tomorrow".** The agenda promises to offer something for everyone! To view the entire agenda and register, log on to www.ausa.org. Continuing education units have been applied for ACHE, CEU and CME. **The POC for this conference is COL Carol Jones, Chief Nurse, MEDCOM. Contact her by phone@ DSN 471-6606 or email at Carol.Jones2@amedd.army.mil.**

****The DCNs/CNs are meeting 9 MAY from 1700-1900, room 217B at the Gonzalez Convention Center to address the following topics with BG Bester and COL Gustke:**

--Title 38 (Status, Implementation & Resourcing)
--Nurse Practitioner Utilization Tour
--CNMs and CRNAs status as LIPs
--Reduction in CPTs and MAJs with last ODP
--Impact of staffing MTFs with fewer 91WM6s coupled with civilian nurse shortage

ANCA News

The ANCA web site, http://e-anca.org, is up and running! Give it a try. You'll note that there is a *members-only section* with limited access. For security reasons, usernames and passwords are not being sent by e-mail; however, if you'd like to have yours, call Nickey McCasland at 210-494-7029 and I'll be glad to phone or fax it to you.

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NLN Update

The NLN Update is a Biweekly Publication of the National League for Nursing sent electronically. The NLN UPDATE can be found on-line at www.nln.org/newsletter/index.htm. To subscribe or unsubscribe to the NLN UPDATE: e-mail crogers@nln.org.

Website For Women Vets

The following Internet Links are provided as information resources for women veterans:
http://www.va.gov/womenvet/page.cfm?pg=26

The Catholic University of America's School of Nursing

CUA recently approved a 25% tuition discount for active duty military nurses admitted for full-time study in the School of Nursing effective JAN 02! This policy applies to nurses in the Armed Services and the United States Public Health Service. For more information, contact the Office of the Dean at (202)-319-5403.

Congratulations to **LTC Judy Ruiz**, OTSG Staff Officer for being awarded the prestigious Latina Excellence Award in Leadership on 25 April during a ceremony at the St. Regis Hotel in New York City. This award recognizes outstanding Hispanic women from across the country for their significant contributions in their chosen field of endeavor and for their contributions to the Hispanic Community. The staff at PERSCOM nominated LTC Ruiz for this award. This very well deserved award clearly underscores LTC Ruiz's remarkable skills and dedication as an AMEDD officer and it again emphasizes the exceptionally outstanding quality of the people we have in the AMEDD. As an award recipient, LTC Ruiz will be featured in the June issue of HISPANIC Magazine.

Congratulations to **MAJ Veronica A. Thurmond**, a LTHET doctoral student, attending the University of Kansas Medical Center, School of Nursing for being honored by the Student Admission and Progression Committee by being selected to receive the **2002 PhD Award**. Each year, the Kansas University Nurse's Alumni Association gives an award to an outstanding PhD student who has demonstrated outstanding performance in scholarship and leadership.

Congratulations to the following Army Nurse Corps officers who will graduate from the Uniformed Services University of the Health Sciences, Graduate School of Nursing on 18 May 2002!

Family Nurse Practitioner Program

CPT Curtis J. Aberle
CPT Angelo Moore
CPT Andrew Powell
CPT (P) Patricia Coburn
CPT (P) P. David Hess
CPT (P) Denise Lyons
MAJ Kenneth Bethards
MAJ Richard Prior
MAJ David Seiffert
MAJ (P) Adoracian Soria

Nurse Anesthetist Program

1LT Michael Neal
CPT Lance Scott
CPT Bradley Richardson

Congratulations are extended to **MAJ Caterina Lasome, MAJ Nicole Kerkenbush**, and **CPT(P) Michael Greenly** on their recent election to *the Capitol Area Roundtable on Informatics in NursinG (CARING) Board of Directors.* CARING is an organization whose mission includes the advancement of the delivery of quality healthcare through the integration of informatics into practice, education, administration, and research with a focus on nursing. The organization was developed and organized by nurses in 1982 as a non-profit undertaking to provide a forum for the advancement of automated healthcare information systems. **MAJ Lasome** just completed a two-year term on the Board of Directors and was re-elected to a three-year term. She is currently a doctoral candidate at the University of Maryland, Baltimore. Both **MAJ Kerkenbush** and **CPT(P) Greenly** were elected to three year terms. MAJ Kerkenbush is a graduate student pursing a Masters degree in Care Systems Management with a focus on informatics at the University of Washington. As part of her coursework, she is currently working with the Family Practice Clinic at Madigan Army Medical Center to facilitate the implementation of the Integrated Clinical DataBase (ICDB). CPT(P) Greenly is a recent graduate of the Masters program in nursing informatics at the University of Maryland and is currently serving as an Assistant Head Nurse at Walter Reed Army Medical Center. In addition to his clinical management role, he is active in the facility bar coding initiatives at WRAMC.

MAJ Veronica A. Thurmond was awarded the Roma Lee Taunton Medal for her presentation titled "Nurses and Job Satisfaction: A Psychometric Analysis of the Index of Work Satisfaction Scale". The Taunton Medal is awarded to the presenter judged to be the best among the School of Nursing during the annual Student Research Forum. MAJ Thurmond is a doctoral student, attending the University of Kansas Medical Center, School of Nursing.

MAJ Barbara Holcomb, Commander, CAS AID Station, recently had an article selected for publication: Holcomb, B.R., Hoffart, N. & Fox, M. H. (2002). Defining and measuring nursing productivity: A concept analysis and pilot study. Journal of Advanced Nursing 38(4), 1-9.

LTC Stacey Young-McCaughan and her colleagues recently published a special article in Clinical Cancer Research describing the history and innovations of the Department of Defense Congressionally Directed Medical Research Programs administered by the US Army Medical Research and Materiel Command. **Young-McCaughan**, S., Rich, I. M., Lindsay, G. C., Bertram, K. A. (2002). Department of Defense Congressionally Directed Medical Research Program: Innovations in the federal funding of biomedical research. Clinical Cancer Research, 8(4), 957-962.

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